

**REQUEST FOR EXEMPTION  
FROM KTRS EMPLOYMENT  
LIMITATIONS**

**KENTUCKY TEACHERS' RETIREMENT SYSTEM**  
479 Versailles Road  
Frankfort, Kentucky 40601-3800  
(502) 848-8500

Fiscal Year 20\_\_\_\_ / 20\_\_\_\_

RE: \_\_\_\_\_

Name of KTRS Retiree

\_\_\_\_\_  
KTRS Member ID# / SSN

The \_\_\_\_\_ School District/Agency/University wishes to employ the above referenced retired member of the Teachers' Retirement System in a capacity that we believe to be exempt from jurisdiction of the Teachers' Retirement System.

The following information is provided to assist the Teachers' Retirement System in determining whether employment by a KTRS retiree in this position is exempt from the employment limitations that apply to KTRS retirees:

Title of position: \_\_\_\_\_

Person who last held the position: \_\_\_\_\_

KTRS Member ID# / SSN: \_\_\_\_\_

Compensation of retiree: \$ \_\_\_\_\_

Please attach a copy of the following:

- ◆ Position Description
- ◆ Minimum Educational Qualifications
- ◆ Employment Agreement
- ◆ Personal Service Contract

1. Title of last position held by retiree prior to retirement: \_\_\_\_\_

2. If teacher, provide subject(s) taught: \_\_\_\_\_

3. Will this employee be eligible for insurance? \_\_\_\_ yes \_\_\_\_ no

Date Eligible (month) \_\_\_\_\_ 1st, 20 \_\_\_\_ .

Date \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Signature District/Agency Head**

This form is to be completed and submitted to the KTRS **ONLY** when an employer makes a request for a determination as to whether employment, in any capacity, whether employer/employee, personal service contract or third party contract, is exempt from KTRS limitations. Please note instructions on reverse side before completing form.

**(FOR USE OF KTRS ONLY)**

Based upon the information available to the Kentucky Teachers' Retirement System, it has been determined that employment by KTRS retirees in the position identified on this form is:

Exempt from KTRS limitations \_\_\_\_\_

Subject to KTRS limitations \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
KTRS Representative

**KENTUCKY TEACHERS' RETIREMENT SYSTEM**  
**479 VERSAILLES ROAD**  
**FRANKFORT, KENTUCKY 40601-3800**  
**PHONE (502) 848-8500**

**INSTRUCTIONS FOR COMPLETING FORM 30-E**

This form is to be used by employers to request the Kentucky Teachers' Retirement System to render a decision as to whether the re-employment of a KTRS retiree is exempt from the standard employment limitations. All KTRS retirees employed in any capacity will be subject to the employment limitations unless the employer obtains a written determination from KTRS that employment for a particular position is exempt from KTRS restrictions. Please provide all the requested information and documentation to avoid a delay in the processing.

**In the absence of an exemption determination by KTRS, employment of KTRS retirees in any capacity is subject to the employment limitations and must be reported to KTRS on the annual report at the close of a school year.**

**Information Required from District for KTRS to make Decision**

1. **Title of position – actual title of position. This must match the position description.**
2. **Person who last held position –** the last person holding the position prior to the retiree.
3. **Social Security Number –** Number for the last person holding the position prior to the retiree.
4. **Compensation of Retiree –** Salary the retiree will receive. This may be reported hourly, daily or annually.
5. **Medical Insurance –** Re-employed retirees eligible for active insurance become ineligible for coverage through KTRS. Retirees will be terminated the date they become eligible for active coverage. Please indicate the date this employee will become eligible for active insurance.

**THIS FORM IS TO BE COMPLETED ANNUALLY AND PRIOR  
TO THE RETIREE'S EMPLOYMENT**